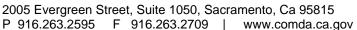


#### STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

#### **Committee on Dental Auxiliaries**





### FORM RDA 600: APPLICATION TO RETAKE THE RDA WRITTEN EXAMINATION (Rev. 05/08)

You may ONLY use this form if you have previously taken and failed the RDA Written Examination.

## **DO NOT SEND A FEE WITH THIS APPLICATION**

- You will be mailed instructions on how to schedule your written examination 15 days after you file this Application. If you do not receive these instructions after 15 days please contact PSI at 1-877-392-6422.
- When you receive information on how to schedule your written examination, you will be given instructions on how to pay the \$43 written examination fee.
- Faxed applications are not accepted.

| Type or Print the following neatly – Complete all Sections  |  |   |  |
|---|--|---|--|
| 1. SOCIAL SECURITY # 2. LAST NAME   |  |   | Day Year   |
| 3. FIRST NAME   |  |   |  |
| 4. ADDRESS  | Apt. or Unit#:   |   |  |
| 5. CITY   | STATE_   | Z   | IP   |
| 6. TELEPHONE NUMBERS: Home (  | )\   | Nork ()   | <del>-</del>   |
| 7. Name at time of previous application (if not same as above)  | Last Name  | First Name  | Middle Name  |
| 8. EXECUTION OF APPLICATION ALL A lam the applicant for examination for licensure application and have answered them truthfully, institutions, my employers (past and present), a federal or foreign) to release to the Committee or records requested in connection with the process | referred to above. I have care fully and completely. I hereby and all governmental agencies on Dental Auxiliaries, Dental Bessing of this application. | efully read the quest<br>authorize education<br>and instrumentalitie<br>oard of California, a | tions in the foregoing<br>nal and other<br>es (local, state,<br>any information or |
| I certify under penalty of perjury under the laws   | of the State of California that t  | he foregoing is true  | e and correct.   |
| Signed in ( City and State )  | on the   | of<br>Day month   | , 20<br>Year   |
| SIGNATI   | URE OF APPLICANT   |   |  |

An applicant who signs this application when located outside of California must swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths

**NOTARY AREA:** 

# Notice on Collection of Personal Information

Collection and Use of Personal Information. The Committee on Dental Auxiliaries of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1742 and 1753, and California Code of Regulations Sections 1076 and 1077. The Committee uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The Committee cannot consider your application for licensure unless you provide all of the requested information.

**Access to Personal Information**. You may review the records maintained by the Committee that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

**Contact Information.** For questions about this notice or access to your records, you may contact the Committee on Dental Auxiliaries, 2005 Evergreen Street, Suite 1050, Sacramento, California 95815, 916-263-2595. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, California 95834, (866) 785-9663 or email privacy@dca.ca.gov.